

Erectile dysfunction, mild incontinence and climacturia after radical prostatectomy:

What about the 'mini-jupette'?

MAXIME SEMPELS
ROBERT ANDRIANNE
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Introduction Erectile dysfunction after radical prostatectomy

Introduction Erectile dysfunction after radical prostatectomy

Table 1 - A summary of studies on nerve-sparing radical retropubic prostatectomy and the consequences for sexual function after the operation.

Study references	No. of patients	Age (range)	Technique: Radical prostatectomy	% patients before	% patients after operation	% potency by age groups
Probst 2009 [2]	1213	59-79	Unilateral, bilateral, nerve-sparing	81	23.8% and 27.8% (17° and 18°)	41 (30-50), 44 (30-50), 44 (30-50), 24 (21-30), 25 (30-40), 11 (21-30)
Roehrs 2009 [6]	1001	61 (26-83)	Unilateral (94%), bilateral (7%)	94	17.5% and 16.7% (17°)	83 (40-60), 85 (30-50), 75 (30-40), 11 (21-30)
Tedlow 1999 [22]	67	62.7	Unilateral (58%), bilateral (5%), nerve-sparing (37%)	100	64.7, 55.8 and 14.2	-
Schnee 2002 [6]	369	68.1*	Unilateral (94%), nerve-sparing (6%)	64*	13.3% and 5	-
Nicola 2002 [28]	289	62.2 (50-74)	Unilateral (22%), bilateral (30%)	100	16.1 and 11.7	13 (40-60), 13 (30-50), 10 (30-50), 10 (30-50), 8 (30-50), 7 (30-40)
Yagci 2009 [3]	91	57 (34-82)	Bilateral (90%)	100	88	-
Reid 2009 [26]	1281	62.3 (39-78)	Unilateral, bilateral, nerve-sparing	71.7	41.6, 48 and 34.6 (17° overall: 46.1)	-
Reid 2009 [26]	374	60.7 (37-82)	Unilateral (50%), Unilateral/bilateral (49%), bilateral (1%)	100	15, 14 and 15	11 (10-20), 42 (30.5-40) and 21 (10-20)
Chakrabarti 2009 [4]	508	63 (26-79)	Unilateral (62%), bilateral (38%)	100	47 and 18	48 (40-70), 44 (40-70), 40 (30-50), 7 (30-40)
Mechanicus 2009 [21]	200	64.4 (49-76)	Unilateral (61%), bilateral (40%), nerve-sparing (1%)	-	100, 70.5 and 14.4 (overall: 33.3)	-
Dworkin 1996 [25]	41	63 (39-78)	Unilateral (51%), bilateral (40%), nerve-sparing (1%)	100	18 (17° and 18° overall: 15)	-
Gray 1995 [24]	409	64.1	Unilateral (78%), bilateral (16%), nerve-sparing (6%)	100*	13.3, 12.3 and 1.1	-
Chakrabarti 2003 [23]	205	64.2	Unilateral (78%), bilateral (22%)	100	41 and 10	20 (40-70), 40 (40-70), 40 (30-50), 40 (30-50)
Lawson 1992 [27]	138	66 (46-86)	Nerve-sparing	100	11	10 (10-20), 10 (30-50), 10 (30-50)
Griffin 1991 [18]	109	69 (34-75)	Unilateral (13%), Unilateral + bilateral (87%)	100	16, 43, 14 and 1 (overall: 46)	10 (10-20), 10 (30-50), 10 (30-50), 10 (30-50), 10 (30-50), 10 (30-50), 10 (30-50), 10 (30-50), 10 (30-50)

Erectile dysfunction
15 - 95%

Dubbelman et al.
Eur Urology 50 (2006)

Introduction Erectile dysfunction after radical prostatectomy

• Conservative management:

→ PDE5I ; vacuum device ; intracavernous injections ; endorectal alprostadil

Best penile rehabilitation regimen unclear (International Consultation for Sexual Medicine, J Sex Med 2017)

• If refractory to medical treatment:

→ Penile prosthesis implantation

Excellent patient and partner satisfaction rates

(Kawak et al. Erectile dysfunction patients are more satisfied with penile prosthesis implantation compared with tadalafil and intracavernous injection treatments. Andrology 2016;4:952-956)

Introduction Sexual dysfunction after radical prostatectomy

Other sexual changes after radical prostatectomy:

- Decreased libido
- Incontinence related to sexuality (climacturia)
- Orgasmic disturbance (altered orgasm, anorgasmia, orgasm-associated pain)
- Anejaculation
- La Peyronie-like disease
- Penile shortening

International Consultation for Sexual Medicine, J Sex Med 2017

Introduction Incontinence after radical prostatectomy

Introduction Incontinence after radical prostatectomy

Table 5 - Comparative studies evaluating urinary continence recovery after retropubic prostatectomy (RRP), laparoscopic radical prostatectomy (LRP), and robot-assisted laparoscopic radical prostatectomy (RALP)

Prostatectomy type	Level of evidence	Study	No. of cases, type	Method	Criteria	1 wk, %	12-20 wk, %	24 wk, %
RRP vs LRP	2b	Averroes et al [21]	70 RRP 200 LRP	Nonvalidated questionnaire	No pad	43.3	77.7	-
		Bontempo et al [26]	44 RRP 41 LRP	Physician	No pad	-	80	81.9
		Renzel et al [28]	41 RRP 38 LRP	Physician	No pad	-	80.5	81.7
		Touijer et al [25]	22 RRP 21 LRP	Nonvalidated questionnaire	No pad	-	75*	81*
		Artibani et al [33]	14 RRP 14 LRP	Interview	No pad	-	78.6	-
		Egawa et al [24]	41 RRP 34 LRP	Nonvalidated questionnaire	No pad	84.1*	83.3*	80
		Probalis et al [31]	70 RRP 70 LRP	ICS-Male short form	No pad	70	-	-
		Rasmussen et al [32]	210 RRP 210 RALP	Physician	No pad	-	86.9	90
		Tward et al [36]	220 LRP 200 RRP	Interview	No pad	100*	97.7	-
		Krambeck et al [35]	44 RRP 40 RRP	Nonvalidated questionnaire	No leak	-	44.4*	81.7
RRP vs RALP	4	Abshier et al [34]	60 RRP 60 RALP	Nonvalidated questionnaire	No pad	75*	75.8	
		Joseph et al [37]	50 LRP 50 RALP	Physician	No pad	92	-	

Stress urinary incontinence
7 - 40%

Ficarra et al.
Eur Urology 55 (2009)

Introduction Incontinence after radical prostatectomy

- Mild incontinence = max 2 pads/day
- 24h pad test (*mild*<20g / *moderate*<200g / *severe*>200g)

- Treatments: physiotherapy ; male sling ; artificial urinary sphincter



Introduction Incontinence after radical prostatectomy

Sexual incontinence

= Involuntary leakage of urine during sexual activity

- at the time of arousal = foreplay incontinence
- at the time of penetration = coital incontinence
- at the time of orgasm = climacturia

Introduction Incontinence after radical prostatectomy

Sexual incontinence

= Involuntary leakage of urine during sexual activity

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- at the time of penetration = coital incontinence
- at the time of orgasm = **climacturia**

Introduction Incontinence after radical prostatectomy

Table 1. Summary of urinary incontinence in relation to sexual activity (see studies)

Reference	Patient population	Key findings
Barnes et al ²⁷ 2004	Patients who underwent RRP at a single center from 1995 to 1998 (N = 252)	57% developed climacturia after surgery; 20% reported incontinence
Choi et al ²⁸ 2007	Patients evaluated for post-radical prostatectomy sexual dysfunction between January 2005 and March 2006 at a single center (N = 455)	Incidence was highest after RRP (33.0%)
Mitchell et al ²⁹ 2011	Prospective assessment of men who underwent RP performed by a surgeon from October 2000 to December 2007 (N = 1358)	Increased incidence in men with short follow-up after surgery, orgasm-associated pain, and penile length loss (P < .01 for all comparisons). 44.6% reported bother from incontinence during sex at 5 mo; 36.7% reported bother from incontinence during sex at 24 mo. Problem was associated with stress urinary incontinence (P < .002)
Nicoletti et al ³⁰ 2011	Sexually active men who underwent RP from January 2002 to December 2006 at 1 center (N = 659)	38.6% reported climacturia
Frey et al ³¹ 2014	Sexually active men who underwent RP 3-36 mo before the study at 1 center (N = 263)	Men with climacturia are at risk for not being able to satisfy the partner, avoiding sexual activity and low orgasmic satisfaction. 29% reported incontinence during foreplay and sexual stimulation; 27% reported climacturia. Distal incontinence was a significant risk factor (20.5% developed climacturia)
Cappuccini et al ³² 2016	Prospective study from consecutive patients who underwent RP at 1 center from January 2003 to October 2003 (N = 368)	Recovery was better after robot-assisted prostatectomy vs open surgery (52.6% vs 37% at 20 mo; 68.9% vs 52% at 36 mo; P < .01)

Incidence
20 - 60%

Vide M et al. Sexuality following radical prostatectomy: is restoration of erectile function enough?
Sex Med Rev 2017;5:110-119.

Introduction Incontinence after radical prostatectomy

Climacturia - physiopathology

- Unclear
- Nerve damage
- Anatomic factors (bladder neck preservation, functional urethral length)

Manassero et al. Orgasm-associated incontinence after bladder neck-sparing radical prostatectomy: clinical and video-urodynamic evaluation.
J Sex Med 2012;9:2150-2156.

Introduction Incontinence after radical prostatectomy

Climacturia – consequences

- Less sexual satisfaction
- Avoidance of sexual activity (non-use of prosthesis)
- Depressed mood, anxiety, and a worse quality of life.

Nilsson et al. Orgasm-associated urinary incontinence and sexual life after radical prostatectomy. J Sex Med 2011;8:2632-2639.

Introduction Incontinence after radical prostatectomy

Climacturia – treatments :

- Condom
- Pre-coital voiding

Introduction Incontinence after radical prostatectomy

Climacturia – treatments :

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- Pre-coital voiding
- Imipramine or duloxétine → No efficacy

Introduction Incontinence after radical prostatectomy

Climacturia – treatments :

- Condom
- Pre-coital voiding
- Imipramine or duloxétine
- Pelvic floor training → 67% with decreased climacturia (n=33)
*I. Geruets et al.
International Journal of Impotence Research 2016*

Introduction Incontinence after radical prostatectomy

Climacturia – treatments :

- Condom
- Pre-coital voiding
- Imipramine or duloxétine
- Pelvic floor training
- Penile variable tension loop (Actis or Urostop) → No climacturia in 48% (N=124)



*Mahla A et al.
BJU Int 2013*

Introduction Incontinence after radical prostatectomy

Climacturia – treatments :

- Condom
- Pre-coital voiding
- Imipramine or duloxétine
- Pelvic floor training
- Penile variable tension loop (Actis or Urostop)
- Male urethral sling or artificial urinary sphincter

Introduction Incontinence after radical prostatectomy

Climacturia – treatments :

- Male urethral sling or artificial urinary sphincter

Surgery	AUS	Regular	Jan et al., 2012	Men after prostatectomy	U. climacturia	Mechanical compression	4 of 4 noted improvement	3 of 4 noted improvement, 1 had improvement
Trans-corporeal		Male sling	Men after prostatectomy	U. climacturia	Mechanical compression	Case series, 3 patients with marked climacturia	7 of 7 noted improvement	4 of 7 noted improvement, 3 of 6 marked improvement, 1 improved
		Male sling	Jan et al., 2012	Men after prostatectomy	U. climacturia	Urethral support	46 of 46 had resolution of climacturia, 98% had resolution of SUI	—

Malins H et al. Contemporary Review of Male and Female Climacturia and Urinary Leakage During Sexual Activities. *Sex Med Rev* 2014.

Introduction Erectile dysfunction and Incontinence/climacturia

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Concomitant placement of PP and urinary continence device ?

Introduction Erectile dysfunction and Incontinence/climacturia

Concomitant placement of PP and urinary continence device ?

- AUS + IPP / Male sling + IPP
- Single approach (perineal or peno-scrotal)
- Two incisions
- Only small retrospective series
- Controversial results

Introduction Erectile dysfunction and Incontinence/climacturia

Concomitant placement of PP and urinary continence device ?

Table 1 Combination surgery for stress urinary incontinence and erectile dysfunction

IPP and male slings	SUI device	IPP device	No. of patients	Follow-up (months)	SHIM/function	Post-op pad use
Rhee et al., 2005 ¹⁷	InVance	AMS 700	4	15	NA/satisfactory	0 (100%)
Gorbaly et al., 2010 ¹⁷	InVance/Advance	AMS 700	8 (3%)	13.6	23.5	1 (100%)
IPP and AUS	AUS type	AMS 700	40	35.7	NA/98% functional	0-1 (00%)
Parulkar et al., 1989 ¹⁸	AMS 700/800	AMS 700	12	12	NA	0-1 (100%)
Wilson et al., 2003 ¹⁹	AMS 800	AMS 800	15	16	NA	NA
Seller et al., 2004 ²²	AMS 800	AMS 700CX	22	17	NA	0-1 (100%)
Kendrick et al., 2006 ²¹	AMS 800	AMS 700CX	33	21.6	NA/97% functional	0-1 (12.7%)

Abbreviations: AMS (American Medical Systems, Minnetonka, MN, USA), AUS, artificial urinary sphincter; IPP, inflatable penile prosthesis; SHIM, Sexual Health Inventory for Men; SUI, stress urinary incontinence.

Lee et al. *Asian Journal of Andrology* (2013) 15,10-15

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Introduction Erectile dysfunction and Incontinence/climacturia

Concomitant placement of PP and urinary continence device ?

- Higher operative time
- Combined risk of complications (potential higher infection rate?)
- Explantation of all devices if infection

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Concomitant placement of PP and urinary continence device ?

- Higher operative time
- Combined risk of complications (potential higher infection rate?)
- Explantation of all devices if infection

⇒ In some cases (mild incontinence and/or climacturia) = **overtreatment?**
⇒ Place for the mini-jupette...

Mini-jupette Definition

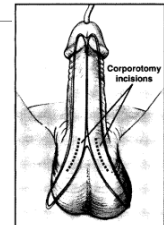
Mesh used to approximate medial aspects of the 2 corporotomies at the time of penile prosthesis implantation



Mini-jupette Definition

Mesh used to approximate medial aspects of the 2 corporotomies at the time of penile prosthesis implantation

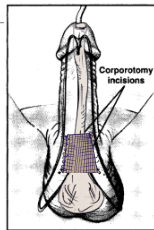
Described by Pr. Robert Andrienne in 2005



Mini-jupette Indications

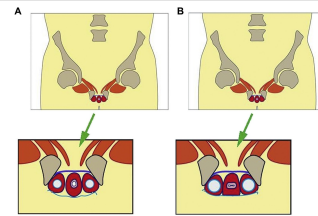
- Erectile Dysfunction
- and Climacturia
- and/or Mild urinary stress incontinence

(refractory to conservative treatment)



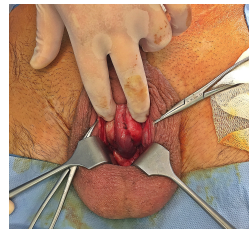
Mini-jupette How does it work?

- A: Flaccid state
B: Erect state



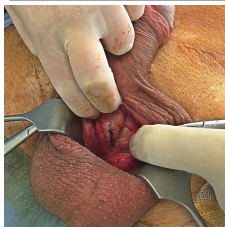
Mini-jupette Surgical technique

Mini-jupette Surgical technique



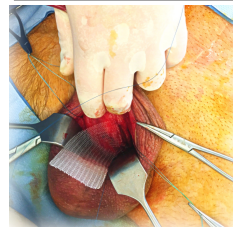
Maximal proximal exposure of the bulbourethral part of the ventral face of the cavernous bodies by penoscrotal approach

Mini-jupette Surgical technique



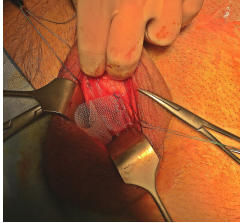
Lateral 4 cm delineation of the 2 corporotomies
Close to the ischiopubic bone (solid fixation)
Width measuring of the graft

Mini-jupette Surgical technique



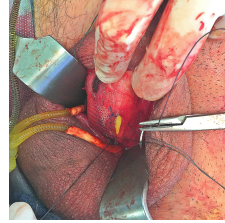
Cavernotomies, dilation and tailoring the polypropylene graft

Mini-jupette Surgical technique



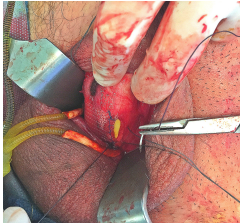
Mini Jupette suturing on the internal edges of the two cavernotomies
Running suture Nylon 4/0

Mini-jupette Surgical technique



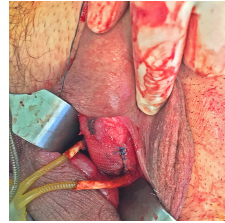
Placement of the cylinders (3-pieces inflatable prosthesis).
Externalization of tubing at the proximal angle of corporotomies

Mini-jupette Surgical technique



The « Mini-jupette » must be located at the level of the inflatable part of the cylinders

Mini-jupette Surgical technique



Watertight closure of the cavernotomies
Running suture Vicryl 2/0

Mini-jupette First Results

Experience in CHU of Liège, from 2006 to 2016

- 15 patients with ED and mild stress incontinence after RP including 6 with climacturia.
- IPP + Mini-jupette: - median operative time 72' - no intra-operative complications

Mini-jupette First Results

Experience in CHU of Liège - Results (3 and 6 months):

- **Incontinence:** - 12 patients (80%) dry - 2 patients (13%) improved - 1 patient unchanged
- **Climacturia:** 5/6 patients (83%) resolved
- **Complications:** - 1 post-operative urinary retention resolved spontaneously after a few days. - No infection, no revision

Today, our personal experience of the « Mini-jupette » procedure is 34 patients

Mini-jupette Multicentric prospective study

- In collaboration with Dr F. Yafi and Dr S. Wilson
- Multicentric prospective study
- 38 patients with ED and climacturia and/or mild urinary stress incontinence => IPP implantation + mini-jupette graft.

Participating Centers

- Robert Andrianne (Belgium)
- Jeff Brady (USA)
- Daniel Chevalier (France)
- Kenneth J. DeLay (USA)
- Antoine Faix (France)
- Georgios Hatzichristodoulou (Germany)
- Wayne J. G. Hellstrom (USA)
- Danir Osmanov (Germany)
- Seon Park (South Korea)
- Murray Schwab (USA)
- Robert Valenzuela (USA)
- Koenraad van Renterghem (Belgium)
- Steven K. Wilson (USA)
- Faysal A. Yafi (USA)

Mini-jupette Multicentric prospective study

THE JOURNAL OF
SEXUAL MEDICINE

SURGEONS CORNER

Andrianne Mini-Jupette Graft at the Time of Inflatable Penile Prosthesis Placement for the Management of Post-Prostatectomy Climacturia and Minimal Urinary Incontinence

[Check for updates](#)

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Journal of Sexual Medicine 2018;15:789-796

Mini-jupette Multicentric prospective study

Table 1. Clinical parameters of 38 patients who underwent concomitant inflatable penile prosthesis and mini-jupette urethral sling placement.

Age (y), mean (SD)	65.3 (7.7)
BMI (kg/m ²), mean (SD)	28.3 (3.5)
Radical prostatectomy, n (%)	36 (94.7)
Open	36 (94.6)
Laparoscopic or robotic	20 (52.6)
TURP, n (%)	2 (5.3)
Time from prostate surgery (mo), mean (SD)	63.6 (37.7)
Stage, n (%)	
T1-2	22 (61.1)
T3	8 (22.2)
T4	1 (2.8)
Tx	5 (13.9)
Nerve sparing, n (%)	
None	12 (33.3)
Unilateral	6 (16.7)
Bilateral	13 (36.1)
NA	5 (13.9)
Radiation therapy, n (%)	9 (23.7)

BMI = body mass index; NA = not available; TURP = transurethral resection of prostate.

Table 2. Surgical parameters of 38 patients who underwent concomitant inflatable penile prosthesis and mini-jupette urethral sling placement.

Inflatable penile prosthesis, n (%)	
AMS 700 CX	3 (7.9)
AMS 700 LCX	4 (10.5)
Coloplast Titan	31 (81.6)
Site of corporotomy (cm), mean (SD)	2.9 (0.9)
Graft size, mean (SD)	
Width (cm)	3.2 (0.8)
Length (cm)	3.4 (1.3)
Surface area (cm ²)	11.0 (5.1)
Graft type, n (%)	
Isotopic (Duran pericardium)	20 (52.6)
Biomesh (polypropylene)	7 (18.4)
Vitex mesh	4 (10.5)
Bovine pericardium	5 (13.9)
Vitrol Prohane	2 (5.3)
Oxymerid (polymer, polyvinylidene fluoride)	1 (2.6)
Surgrimed (fetal bovine dermis)	1 (2.6)
Diastix (NA)	38 (100)
Intraoperative complications, n (%)	0 (0)

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BMI = body mass index; NA = not available; TURP = transurethral resection of prostate.

Table 2. Surgical parameters of 38 patients who underwent concomitant inflatable penile prosthesis and mini-jupette urethral sling placement.

Inflatable penile prosthesis, n (%)	
AMS 700 CX	3 (7.9)
AMS 700 LCX	4 (10.5)
Coloplast Titan	31 (81.6)
Site of corporotomy (cm), mean (SD)	2.9 (0.9)
Graft size, mean (SD)	
Width (cm)	3.2 (0.8)
Length (cm)	3.4 (1.3)
Surface area (cm ²)	11.0 (5.1)
Graft type, n (%)	
Isotopic (Duran pericardium)	20 (52.6)
Biomesh (polypropylene)	7 (18.4)
Vitex mesh	4 (10.5)
Bovine pericardium	5 (13.9)
Vitrol Prohane	2 (5.3)
Oxymerid (polymer, polyvinylidene fluoride)	1 (2.6)
Surgrimed (fetal bovine dermis)	1 (2.6)
Diastix (NA)	38 (100)
Intraoperative complications, n (%)	0 (0)

Mini-jupette Multicentric prospective study

Table 1. Clinical parameters of 38 patients who underwent concomitant inflatable penile prosthesis and mini-jupette urethral sling placement.

Age (y), mean (SD)	65.3 (7.7)
BMI (kg/m ²), mean (SD)	28.3 (3.5)
Radical prostatectomy, n (%)	36 (94.7)
Open	36 (94.6)
Laparoscopic or robotic	20 (52.6)
TURP, n (%)	2 (5.3)
Time from prostate surgery (mo), mean (SD)	63.6 (37.7)
Stage, n (%)	
T1-2	22 (61.1)
T3	8 (22.2)
T4	1 (2.8)
Tx	5 (13.9)
Nerve sparing, n (%)	
None	12 (33.3)
Unilateral	6 (16.7)
Bilateral	13 (36.1)
NA	5 (13.9)
Radiation therapy, n (%)	9 (23.7)

BMI = body mass index; NA = not available; TURP = transurethral resection of prostate.

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Intraoperative complications, n (%)	0 (0)

Mini-jupette Multicentric prospective study - Results

Table 3. Outcomes of 38 patients who underwent concomitant inflatable penile prosthesis and mini-jupette urethral sling placement.

	Preoperative	Postoperative	Outcomes
IPF-5 score, mean (SD)	7.9 (5.7)	24.6 (10)	+6.7 improvement
Urinary incontinence, n (%)	32	7/28 (25.0) ^a	0 post-/2/28 (7.5/0)
			Improved but not 0 post-/4/28 (14.3)
			Unchanged: 3/28 (10.7)
ipaf, mean (SD)	1.6 (0.6)	0.3 (0.4)	Subjective improvement: 24/28 (85.7)
Climacturia, n (%)	30	9/28 (32.1) ^a	-33 ppd
			Resolved: 19/28 (67.8)
Rare	13 (34.2)	9 (32.1)	Improved: 3/28 (10.7)
Frequent	12 (31.6)	0 (0)	Unchanged: 6/28 (21.4)
Always	5 (13.2)	0 (0)	Subjective improvement: 26/28 (92.8)

IPF-5 = 5-item International Index of Erectile Function; ipaf = pads per day.

^aOutcomes data include the 4 patients who underwent explantation.

Incontinence:

- 75% dry
- 15% improved
- 10% unchanged

Mini-jupette Multicentric prospective study - Results

Table 3. Outcomes of 38 patients who underwent concomitant inflatable penile prosthesis and mini-jupette urethral sling placement*

	Preoperative	Postoperative	Outcomes
IEF-5 score, mean (SD)	79 (6.7)	24.6 (0.0)	+16.7 improvement 0 ppt: 2/28 (7.5%)
Urinary incontinence, n (%)	32	7/28 (25.0)	Improved but not 0 ppt: 4/28 (14.3) Unchanged: 3/28 (10.7) Subjective improvement: 24/28 (85.7)
ppt: mean (SD)	1.6 (0.4)	0.3 (0.4)	-1.3 ppt
Climacturia, n (%)	30	9/28 (32.1)	Resolved: 19/28 (67.9) Improved: 3/28 (10.7)
Rare	13 (34.2)	9 (32.1)	Unchanged: 6/28 (21.4)
Frequent	12 (31.6)	0 (0)	Subjective improvement: 26/28 (92.8)
Always	5 (13.2)	0 (0)	

IEF-5 = 5-item International Index of Erectile Function ppt = pads per day
*Outcomes data exclude the 4 patients who underwent explantation.

Climacturia:

- 68% resolved
- 11% improved
- 21% unchanged

Mini-jupette Multicentric prospective study - Results

Complications 5/38 (13.2%) :

- 1 unexplained post-operative pain and 1 explantation for psychiatric disorder
- 3 explantations for real surgical complications:
 - 1 hematoma (epigastric vessels) followed by infection
 - 1 urethro-cavernous fistula (pain and urethral discharge)
 - 1 urethral erosion (retention and device infection) – death from pulmonary embolism.

Mini-jupette Multicentric prospective study - Results

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- 1 unexplained post-operative pain and 1 explantation for psychiatric disorder
- 3 explantations for real surgical complications:
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 - 1 urethro-cavernous fistula (pain and urethral discharge)
 - 1 urethral erosion (retention and device infection)

} → **Improper technique**
(*tensioning, distal placement, wrong suturing*)

Mini-jupette Surgery in motion

Mini-jupette Conclusions

- Climacturia : - Frequent
 - Underdiagnosed and undertreated
 - Affects satisfaction rate after penile prosthesis implantation
 - Must be assessed before implantation

Mini-jupette Conclusions

- Mini-jupette: - Effective on climacturia and mild urinary stress incontinence
 - Safe and easy procedure
 - Technique learned
- Best graft ?
- Long term follow-up and larger cohort to confirm safety and long term efficacy